TOXICITY ASSESSMENT

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Integrative Health Austin

To complete the assessment, simply take note of your score for each symptom and add it up at the end.

0 = Never feel this symptom, 1 = Feel this symptom 1-2 times per month, 2 = Feel this symptom weekly, 3 = Feel this symptom daily

Head

- ____ Headaches/Migraines
- ___ Dizziness/Faintness
- ____ Neck tension
- ____ Cloudy head

Sinus

- ___ Nasal congestion (stuffy nose)
- ____ Allergies (seasonal or daily)
- ___ Mucus
- ____ Sneezing
- ____ Nose blowing

Eves

- ___ Dark circles under eyes
- ____ Bags under eyes
- ____ Itchy eyes
- ___ Discharge or watery eyes
- ____ Blurred vision
- ___ Crusted eyes upon waking

Ears

- ____ Itchy ears
- ___ Ringing in ears, tinnitus ___
- Excessive wax build up ____
- Blocked or muffled hearing

Teeth

- ___ Pain in gums or teeth
- ____ Bleeding gums
- ____ Silver fillings (Score with a 3 if you have any metal fillings)

Mouth

- Canker sores ____ Cold sores (herpes virus)
- ____ Cracking on lips
- ____ Discolored lips
- ____ White film on lips upon waking or
- after eating

Tonque

- ____ Red dots on tongue
- ____ Sides of tongue have dents ("scalloping") ____ Flushing/Hot flashes
- ____ White, yellow, or brown coating on tongue ____ Dry, flaky skin
- ____ Cracks or lines on tongue

Glands

- ____ Swollen lymph nodes (neck, armpits, or groin)
- ___ Difficulty swallowing
- ____ Loss of voice
- ____ Swollen ankles or wrists/hands/fingers

Breathing

____ Chest tension

____ Discharge or drainage from ears ____ Inability to get enough air in ___ Chest congestion ____ Chronic cough ____ Clear throat a lot

____ Voice hoarseness

Weight

- ____ Difficulty losing weight
- ___ Gain weight easily
- ____ Feel swollen or puffy
- ____ Retain water
- ___ Binge or compulsive eating

Joints/Muscles

- ____ Pain in joints
- Muscle stiffness
- ___ Limited range of motion
- ___ Muscle weakness/Loss of strength
- Arthritis

Skin

- ___ Acne
- Hair loss

- ____ Excessive sweating
- ____ Hives or itchiness
- ____ Psoriasis, eczema, ringworm or skin
- rashes

Sleep

- ___ Inability to fall asleep
- _ Can't stay asleep/Wake up frequently
- ____ Nightmares
- ____ Heart racing at night
- ____ Night sweats

Energy

- ____ Tired upon waking
- ___ Daytime or afternoon fatigue
- ____ General lack of energy
- ___ Apathy
- ____ Lack of ambition or drive
- ____ Hyperactivity (can't sit still have
- to always be doing something)
- ____ Restlessness (feel uncomfortable with quiet)

____ Tap feet or shake leg or hands when seated

___ Decreased libido or sexual function

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Digestion

- ____ Get tired after meals (esp. lunch)
- ___ Bloating
- ___ Gas
- ____ Belching/Burping
- ___ Heartburn or indigestion
- ___ Diarrhea
- ___ Constipation
- ____ Stomach or intestinal pain
- ___ Nausea or vomiting
- ____ Stomach sticks out more as day progresses

Mind

- ___ Lack of concentration
- ____ Easily distracted or lose train of thought
- ___ Difficulty making decisions
- ____ Brain fog
- ____ Stuttering or difficulty putting

together sentences

- ____ Uncoordinated or drop things
- ____ ADD/ADHD or learning disabilities

Emotions

- ____ Anxiety
- ___ Overwhelm
- ____ Seasonal Affective Disorder (SAD)
- ____ Irritability
- ___ Dark thoughts
- ___ Sad for no reason
- ___ Mood swings
- ___ Depressed
- ____ High-strung
- ___ Anger or rage

Immunity

(Score each question below with 10 points if you answered yes)

- ____ Frequent colds (more than 2-3 illnesses a year)
- ____ Allergies (environmental or non-fatal food sensitivities)
- ____ Pneumonia (Score with a 10 if yes within the last 12 months)
- ____ Diagnosed disease (Score with a 10 if you have a diagnosed disease)
- ____ Unexplained illness (Score with a 10 for an undiagnosed disease)

TOTAL SCORE

Add up your score to identify the health sections where you're doing well and the areas that could use some improvement. These are the areas where underlying imbalances may need attention.

After adding up your score see what toxicity stage you're at below:

0-9 Points

Great job – it looks like you're doing well! To maintain this, be mindful to not add too much strain to your body through things like poor sleep, high stress, or an unbalanced diet. At this point, a seasonal 7-day detox can help clear any gradual toxin buildup and maintain a healthy lifestyle to keep you feeling your best!

<u>10-19 Points</u>

You're doing ok, but hidden toxins are starting to show up as symptoms. If left unaddressed, this could lead to a state of imbalance or dis-ease. To avoid this, it's important to start releasing some of that buildup. A detox lasting 7, 14, or 21 days is recommended, followed by seasonal detoxes to maintain your health and balance.

<u>20+ Points</u>

Your body is showing signs of a high toxic burden. This is likely affecting you in your daily life, with symptoms like inflammation, lower energy, mood dips, and a lack of motivation. A 21-day detox is recommended to start, followed by seasonal detoxes (7, 14, or 21 days) to help reduce toxin buildup until your score drops to 10 points or lower. At that point, you can switch to one 7-day detox each season or quarter.

Next Steps

There are lots of people who have scored well over 100 points and are now feeling great again and I want to show you how to do the same!

Schedule your free 15 minute consult to discuss ways you can reduce your toxic burden and start feeling great!

Schedule Your Free Consultation!